

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	1		1			
4		2		1		
5		2		1		
6		2		1		
7		3		1		
8		3		1		
9		3		1		
10		3		1		
11	1			1		
12	1		1			
13	1		1			
14	1		1			
15		1	1			
16		1	1			
17		1	1			
18		3		1		
19	1		1			
20		1		1		
21		1		1		
22		1		1		
23		1		1		
24		2		1		
25		2		1		
26				1		
27				1		
28				1		
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41				1		
42				1		
43				1		
44				1		
45				1		
46				1		
47				1		
48				1		
49				1		
50				1		
TOTAL IND.			13			
TOTAL DEP.			11			
TOTAL CLAIMS			24			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS